

ASSEMBLY BILL

No. 1472

**Introduced by Assembly Member Leno
(Coauthor: Assembly Member DeSaulnier)**

February 23, 2007

An act to add Part 10.5 (commencing with Section 116097) to Division 104 of the Health and Safety Code, relating to public health, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 1472, as introduced, Leno. Public health: California Healthy Places Act of 2008.

Existing law establishes various programs administered by various agencies and departments related to public health, including environmental health, children's health, and occupational health and safety, many of which are administered by the State Department of Health Services.

Effective July 1, 2007, responsibility for the above-mentioned provisions as they relate to the responsibility of the State Department of Health Services will be transferred to the State Department of Public Health.

This bill would establish the California Healthy Places Act of 2008, which would require various state agencies and departments to collaboratively support childhood development, prevent injury, illness, and chronic disease, ensure environmental health, and reduce health disparities by providing knowledge, guidance, and resources for public health assessments of land use and transportation system planning.

The bill would require one representative each from certain agencies and entities, including, among others, the Department of Food and

Agriculture, the State Department of Public Health, the Office of Planning and Research, the Superintendent of Public Instruction, and the Department of Transportation, to form an interagency work group, which would be required to, among other things, identify, evaluate, and disseminate available information, programs, and best practices on environmental health, and establish environmental health goals, as provided.

The bill would also establish a program within the State Department of Public Health to guide and support cities and counties in conducting health impact assessments, as provided. The program would, among other things, provide funding and technical assistance to eligible local entities, as defined, to prepare health impact assessments, as provided. The bill would establish funding criteria for local entities that elect to participate in the program, and would require these local entities to prepare and submit to the department a health impact assessment report, as specified. The bill would also require the department, no later than January 1, 2010, to develop guidelines relating to the creation of a local entity's health impact assessments of land use, housing, and transportation policy and plans, as provided.

The bill would also appropriate \$2,800,000 from the General Fund to the State Department of Public Health commencing with the 2008–09 fiscal year, and each fiscal year thereafter, to implement the provisions associated with the establishment of the health impact assessment program and the activities of the interagency work group, as specified, and to allocate \$1,600,000 of the amount appropriated for the purpose of funding grants to local entities that conduct a health impact assessment, as provided.

Vote: $\frac{2}{3}$. Appropriation: yes. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. This act shall be known and may be cited as the
- 2 California Healthy Places Act of 2008.
- 3 SEC. 2. Part 10.5 (commencing with Section 116097) is added
- 4 to Division 104 of the Health and Safety Code, to read:
- 5
- 6 PART 10.5. CALIFORNIA HEALTHY PLACES ACT OF 2008
- 7
- 8 116097. The Legislature finds and declares all of the following:

1 (a) The World Health Organization ranks the United States
2 below all other industrial nations, and 37th overall, in
3 population-based health outcomes.

4 (b) On average, the United States spends more than twice as
5 much as all other industrial nations on health care, both per person
6 and as a percentage of its gross domestic product.

7 (c) According to the Institute of Medicine of the National
8 Academies, improving health in the 21st century will require new
9 approaches to environmental health, including strategies to deal
10 with waste, unhealthy buildings, urban congestion, suburban
11 sprawl, poor housing, poor nutrition, and environmentally-related
12 stress.

13 (d) Optimal health for all people requires healthy environmental
14 conditions, including adequate and good quality housing; access
15 to public transit, schools, and parks; safe routes for pedestrians
16 and bicyclists; safe and productive employment; open space and
17 natural areas; and unpolluted air, soil, and water.

18 (e) Currently, the environmental resources for good health vary
19 considerably for Californians from neighborhood to neighborhood.
20 These differences have significant impacts on health, with life
21 expectancy varying from neighborhood to neighborhood by as
22 much as 28 years for men and 25 years for women. Similar
23 “place-based” health disparities exist for asthma hospitalizations,
24 heart disease, diabetes, and low birth weight births. Access to
25 grocery stores and other outlets for healthy foods also affect obesity
26 and other health conditions.

27 (f) Growth in this state will require significant land use
28 development and redevelopment, creating the need and opportunity
29 for health assessment of land use and transportation plans.

30 (g) Research on health and the built environment already
31 provides substantial evidence to inform land use and planning
32 decisions as to how they might create the conditions for better
33 health and reduced health disparities. Some of the key findings of
34 this research include all of the following:

35 (1) Higher quality housing appropriately located relative to busy
36 roadways can reduce asthma attacks.

37 (2) Less noise promotes sleep, healthy blood pressure, and
38 school learning.

1 (3) Sufficient residential density in combination with a diversity
2 of land uses promotes physical activity and reduces air pollution
3 emissions and vehicle injuries.

4 (4) Reasonable housing costs can prevent hunger and promote
5 childhood growth.

6 (5) Access to natural spaces can improve mental health and
7 function.

8 (6) Calming traffic in residential areas reduces pedestrian
9 injuries.

10 (7) Public transit and pedestrian-friendly environments can
11 promote physical activity.

12 (8) Neighborhood schools and child care centers reduce traffic
13 congestion, foster community social relationships, and engage
14 students in learning.

15 (9) Environmental design that promotes “eyes on the street”
16 can prevent violence.

17 (10) Accessible neighborhood grocery stores reduce diet-related
18 diseases.

19 (h) Local public health agencies are increasingly investing in
20 strategies to improve the built environment to improve population
21 health and reduce health disparities.

22 (i) Health impact assessment is an internationally established
23 policy evaluation practice that aims to inform decisionmakers
24 about how public policy can best improve health and the
25 distribution of health.

26 116097.5. In establishing this act, it is the intent of the
27 Legislature to do all of the following:

28 (a) Prevent illness and disease, improve health, and reduce health
29 disparities in California by promoting environmental conditions
30 supportive of health.

31 (b) Identify, evaluate, and promulgate valid knowledge and
32 support public health research and practice that support the design
33 and creation of healthful neighborhoods, cities, and regions.

34 (c) Provide guidance, technical support, training, and grants for
35 local agencies to conduct health impact assessments of land use
36 and transportation policy and plans. Health impact assessments
37 conducted using state-funded grants shall be complementary to
38 existing planning assessments, inform planning efforts as to their
39 consequences on human health and health disparities, both positive
40 and negative, utilize available expertise as well as the experience

1 of community stakeholders, and suggest courses of action that
2 would promote health.

3 116098. As used in this act, the following terms shall have the
4 following meanings:

5 (a) “Officer” means the State Public Health Officer.

6 (b) “Health” means a state of complete physical, mental, and
7 social well-being, and not merely the absence of disease or
8 infirmity.

9 (c) “Environmental health” means the modifiable physical,
10 chemical, or biological factors in the environment external to
11 humans that can have a positive or negative effect on human health.
12 Well-established known environmental health factors include all
13 of the following:

14 (1) Pollutants, including chemical or biological agents in the
15 air, water, or soil.

16 (2) Noise, UV and ionizing radiation, and electromagnetic fields.

17 (3) Occupational hazards.

18 (4) Built environments, including homes, schools, workplaces,
19 parks, public plazas, natural areas, open spaces, and transportation
20 systems.

21 (5) Agricultural methods and practices.

22 (6) The capacity of ecosystems to provide their goods, such as
23 freshwater, food, pharmaceutical products, and services, such as
24 the purification of air, water, and soil.

25 (d) “Health disparities” means the avoidable differences in
26 measures of health among specific population groups.

27 (e) “Health impact assessment” means a combination of
28 procedures, methods, and tools by which a policy, program, or
29 project may be judged as to its potential effects on the health of a
30 population, and the distribution of those effects within the
31 population.

32 (f) “Interagency working group” or “IWG” means the
33 interagency working group established under Section 116098.5.

34 116098.5. (a) The officer shall establish an interagency
35 working group (IWG) to identify and evaluate existing
36 environmental health factors and make recommendations for
37 improvement.

38 (b) The IWG shall be composed of a representative from each
39 of the following agencies and organizations:

40 (1) The Office of Planning and Research.

- 1 (2) The Department of Food and Agriculture.
- 2 (3) The California Environmental Protection Agency.
- 3 (4) The Resources Agency.
- 4 (5) The Superintendent of Public Instruction.
- 5 (6) The Department of Transportation.
- 6 (7) The State Department of Public Health.
- 7 (8) The Department of Housing and Community Development.
- 8 (9) The Division of Occupational Safety and Health.
- 9 (10) Any other state agencies, organizations, or experts that can
- 10 contribute to the goals outlined in subdivision (a), as determined
- 11 by the State Public Health Officer.
- 12 (c) The IWG shall do all of the following:
- 13 (1) Identify, evaluate, and make available to the public all
- 14 available information, programs, and best practices on
- 15 environmental health.
- 16 (2) Establish statewide goals and objectives for improvements
- 17 in environmental health.
- 18 (3) Survey state agencies to catalog strategies and actions
- 19 currently being taken or supported for the purpose of improving
- 20 environmental health.
- 21 (4) Where appropriate, undertake or facilitate interagency review
- 22 and evaluation of any state-supported project, plan, program, or
- 23 policy that may affect, intentionally or unintentionally, modifiable
- 24 environmental determinants of health.
- 25 (5) Monitor the state's progress towards achieving the
- 26 environmental health goals established pursuant to paragraph (2).
- 27 (6) Develop and disseminate information to provide guidance
- 28 on health impact assessments in cooperation with the program
- 29 described in Section 116099.
- 30 116099. (a) As used in this act, "eligible entity" means a city,
- 31 county, or city and county whose governing body elects to conduct
- 32 a health impact assessment pursuant to this section.
- 33 (b) There is hereby established within the State Department of
- 34 Public Health, the Health Impact Assessment Program, to guide
- 35 and support the practice of conducting health impact assessments
- 36 throughout the state. To accomplish this end, the department shall
- 37 be responsible for all of the following:
- 38 (1) Identifying and evaluating international model practices in
- 39 health impact assessment.

1 (2) Developing materials and information for the purpose of
2 providing guidance to eligible entities in relation to land use and
3 transportation planning in the state.

4 (3) Evaluating needs for research and analytic tools to evaluate
5 and forecast health effects resulting from land use and
6 transportation plans and projects.

7 (4) Providing training and technical assistance to local agencies
8 electing to conduct health impact assessments.

9 (5) Establishing a funding program to support the conduct of
10 health impact assessments by eligible entities.

11 (6) Establishing a funding program to develop and validate
12 analytic tools to forecast potential health effects of land use and
13 transportation planning and policy outcomes.

14 (7) Evaluating health impact assessments implemented in the
15 state.

16 (8) Maintaining a database of health impact assessments
17 conducted in California.

18 (c) No later than January 1, 2010, the officer, in collaboration
19 with the IWG, shall develop guidelines relating to the health impact
20 assessment of land use, housing, and transportation policy and
21 plans. These guidelines shall be generally consistent with the
22 principles of health impact assessment as promulgated by the
23 International Association of Impact Assessment (IAIA) in 2006,
24 and shall include all of the following:

25 (1) A definition of health impact assessment.

26 (2) A set of principles for the conduct of health impact
27 assessment.

28 (3) A review of methods for health impact assessment.

29 (4) Identification of existing guidance documents relevant to
30 health impact assessments of land use and transportation planning.

31 (5) A summary of evidence-based causal pathways that link
32 urban planning, transportation, and housing policy and objectives
33 to human health objectives.

34 (6) Identification of data resources relevant for assessing urban
35 planning, transportation, and housing policy related human health
36 objectives in the state.

37 (7) Identification of available quantitative and qualitative
38 forecasting methods to evaluate effects on environmental health
39 determinants and related human health outcomes.

1 (8) Review of practices for inclusive public involvement in
2 planning decisionmaking.

3 (9) Guidance for public participation and public review of health
4 impact assessments.

5 (d) The program established pursuant to subdivision (b) shall
6 include a grant program for the purpose of providing funding and
7 technical assistance to eligible entities to prepare health impact
8 assessments.

9 (1) To receive a grant under this section, an eligible entity shall
10 submit to the officer an application that contains an initial
11 assessment of the type and magnitude of potentially significant
12 effects on health or determinants of health potentially resulting
13 from the applicable activity or proposed activity related to land
14 use, housing, and transportation policies and plans. In making this
15 assessment, an eligible entity may take into consideration any
16 reasonable, direct, indirect, or cumulative effect relating to the
17 applicable activity or proposed activity, including the effect of any
18 action that is any of the following:

19 (A) Included in the long-range plan relating to the activity or
20 proposed activity.

21 (B) Likely to be carried out in coordination with the activity or
22 proposed activity.

23 (C) Dependent on the occurrence of the activity or proposed
24 activity.

25 (D) Likely to have a disproportionate impact on disadvantaged
26 populations.

27 (2) Effects on health analyzed in a health impact assessment
28 may be the direct result of the activity or mediated indirectly via
29 effects on any environmental or social health determinants. At this
30 time, known environmental and social determinants of health
31 include all of the following:

32 (A) The quality of air, water, and soil.

33 (B) The quality, accessibility, and affordability of housing.

34 (C) The quality and accessibility of public plazas, parks, and
35 natural spaces.

36 (D) The availability of transportation choices.

37 (E) Environmental noise.

38 (F) The quality and accessibility of public services, such as
39 libraries.

40 (G) The quality and accessibility of public educational facilities.

1 (H) Cultural and historical institutions.

2 (I) Community cohesion.

3 (J) Social networks.

4 (K) Diversity and security of income and employment.

5 (3) Local health impact assessments shall meet all of the
6 following purposes:

7 (A) To evaluate the probable consequences for the health of a
8 population resulting from a proposed activity.

9 (B) To facilitate the involvement of state and local health
10 officials in the health impact assessment of community planning
11 and land use decisions.

12 (C) To identify and evaluate alternatives to a proposed activity
13 with respect to the costs and benefits on health.

14 (4) A health impact assessment prepared under this section shall
15 do all of the following:

16 (A) Describe pathways through which the proposed activity may
17 effect health determinants and health.

18 (B) Assess, quantitatively or qualitatively, the direction and
19 magnitude of the effects on health determinants and health of the
20 proposed activity.

21 (C) Make evidence-based recommendations of the eligible entity
22 with respect to both of the following:

23 (i) The mitigation of any adverse impact on health of the
24 proposed activity.

25 (ii) The achievement of any positive potential impact of the
26 proposed activity.

27 (D) Identify a means for monitoring of the impacts on health
28 of proposed activity.

29 (E) Maintain consistency with guidelines developed by the
30 officer created pursuant to subdivision (c).

31 (F) Maintain consistency with the principles of health impact
32 assessment adopted by the IAIA.

33 (5) An eligible entity receiving assistance pursuant to this section
34 shall prepare and submit to the officer a health impact assessment
35 report.

36 (e) The department shall establish and maintain a health impact
37 assessment database, which shall include all of the following:

38 (1) A catalog of health impact assessments received under this
39 section.

1 (2) An inventory of tools used by eligible entities to prepare
2 draft and final health impact assessments.

3 (3) Guidance for eligible entities with respect to the selection
4 of appropriate tools, as described in paragraph (2).

5 SEC. 3. (a) Notwithstanding Section 13340 of the Government
6 Code, commencing with the 2008–09 fiscal year, and for each
7 fiscal year thereafter, two million eight hundred thousand dollars
8 (\$2,800,000) is appropriated from the General Fund to the State
9 Department of Public Health for the purpose of implementing this
10 act.

11 (b) The sum appropriated pursuant to subdivision (a) shall be
12 allocated as follows:

13 (1) Four hundred thousand dollars (\$400,000) shall be used to
14 fund the Health Impact Assessment program set forth in
15 subdivision (b) of Section 116099 of the Health and Safety Code.

16 (2) One million six hundred thousand dollars (\$1,600,000) shall
17 be used to fund health impact assessment grants awarded to eligible
18 local entities pursuant to subdivision (d) of Section 116099 of the
19 Health and Safety Code.

20 (3) Eight hundred thousand dollars (\$800,000) shall be used to
21 fund the interdisciplinary research group for the purpose of creating
22 analytic tools for forecasting health effects of land use and
23 transportation funding pursuant to Section 116098.5 of the Health
24 and Safety Code.